

# INREACH

Empowering people with disabilities to live life their way  
4530 Park Rd Suite 300, Charlotte, NC 28209 Ph. 704-536-6661

## Application

Last Name		First Name		Middle Initial
Address		City	State	Zip
Email	Home Phone	Business Phone		Cell Phone

Job Applied For [Please refer to job posting to indicate specific job title(s)] \_\_\_\_\_

Have you ever worked for this agency in the past?  Yes  No

If so, When? \_\_\_\_\_

Are you related by blood or marriage to any person now with InReach?  Yes  No

If yes, list name and relationship: \_\_\_\_\_

Are you applying to work with a specific Customer?  Yes  No

If yes, list the Customer's Name: \_\_\_\_\_

EDUCATION				
Schools	Name, City & State	Dates Attended	Degree/Major	Graduated?
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
College/University				<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate or Professional				<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Technical/Vocational school, Internships, etc.				<input type="checkbox"/> Yes <input type="checkbox"/> No

\* For some positions, you may be asked to provide a transcript

List fields of work for which you are licensed or certified, giving dates of issue.

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**WORK HISTORY** Please provide employment history for at least the past 7 years, including volunteer experience. If additional employers must be listed, please list them on a separate sheet

**Note: "See Resume" is not acceptable. You MUST use this form, even if you attach a resume.**

May we contact your current employer?  Yes  No If "No" explain: \_\_\_\_\_

1 Current or Last Employer:	Address: City: _____ State/Zip: _____	Job Title:
Supervisor: QDDP? <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone:	Work w/ Individuals w/ Special Needs? <input type="checkbox"/> Yes <input type="checkbox"/> No
Starting Salary: \$ _____ Per	Current/Ending Salary: \$ _____ Per	Resignation Notice Given: <input type="checkbox"/> Yes <input type="checkbox"/> No Length? _____
Reason for Leaving:	Dates of Employment: (state month/year) From: _____ To: _____	List Major Duties:
2 Previous Employer:	Address: City: _____ State/Zip: _____	Job Title:
Supervisor: QDDP? <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone:	Work w/ Individuals w/ Special Needs? <input type="checkbox"/> Yes <input type="checkbox"/> No
Starting Salary: \$ _____ Per	Current/Ending Salary: \$ _____ Per	Resignation Notice Given: <input type="checkbox"/> Yes <input type="checkbox"/> No Length? _____
Reason for Leaving:	Dates of Employment: (state month/year) From: _____ To: _____	List Major Duties:
3 Previous Employer:	Address: City: _____ State/Zip: _____	Job Title:
Supervisor: QDDP? <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone:	Work w/ Individuals w/ Special Needs? <input type="checkbox"/> Yes <input type="checkbox"/> No
Starting Salary: \$ _____ Per	Current/Ending Salary: \$ _____ Per	Resignation Notice Given: <input type="checkbox"/> Yes <input type="checkbox"/> No Length? _____
Reason for Leaving:	Dates of Employment: (state month/year) From: _____ To: _____	List Major Duties:
4 Previous Employer:	Address: City: _____ State/Zip: _____	Job Title:
Supervisor: QDDP? <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone:	Work w/ Individuals w/ Special Needs? <input type="checkbox"/> Yes <input type="checkbox"/> No
Starting Salary: \$ _____ Per	Current/Ending Salary: \$ _____ Per	Resignation Notice Given: <input type="checkbox"/> Yes <input type="checkbox"/> No Length? _____
Reason for Leaving:	Dates of Employment: (state month/year) From: _____ To: _____	List Major Duties:

**Have you ever been convicted of an offense against the law other than a minor traffic violation?** (A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying. If yes, explain fully.)  **Yes**  **No**

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**CHARACTER REFERENCES – Please indicate *FOUR* (Two Professional & Two Personal; No Relatives are to be included)**

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Name

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E-Mail Address

---

Day Phone Number

Evening Phone Number

Profession/Title

---

Name

---

E-Mail Address

---

Day Phone Number

Evening Phone Number

Profession/Title

---

Name

---

E-Mail Address

---

Day Phone Number

Evening Phone Number

Relationship (Friend, Neighbor, Etc.)

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Name

---

E-Mail Address

---

Day Phone Number

Evening Phone Number

Relationship (Friend, Neighbor, Etc.)

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Note: All application and reference information will be shared with the Division of Facility Services.

**COUNTIES INTERESTED IN SERVING** Please check the box beside the area or county you are interested in:

N. Mecklenburg     Cabarrus     Davidson     Gaston     Union

S. Mecklenburg     Rowan     Stanly     Other \_\_\_\_\_

**AVAILABILITY** Please indicate the times of day you are available to work:

Mornings       Afternoons       Evenings       Overnight       Weekends

**EXPERIENCE** Please indicate any previous experience in the following areas or add experience if other:

Autism Spectrum       TBI       Emotional/Behavioral Challenges  
 Deaf       Non-Ambulatory       Other \_\_\_\_\_

**FLUENT LANGUAGES** Please indicate any languages other than English that you are fluent in:

Spanish       French       American Sign Language (ASL)  
 Chinese       Vietnamese       Other \_\_\_\_\_

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**I understand and agree that:**

1. Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of, or if employed termination from employment.
2. It is my understanding that the company will make a thorough investigation of my entire work and personal history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.
3. I agree that my employment is "at will" and may be terminated by this Company at any time without liability for wages or salary except such as may have been earned at the date of such termination. If requested by the management at any time, I agree to submit to search of my person or of any personal space that may be assigned to me, and I hereby waive all claims for damages on account of such examination, at company expense, at any time to determine if I am physically fit for the job I am to perform, and, I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the essential functions of the job I am being considered for prior to employment or in the future during my employment with the company.
4. I agree that my employment may not begin until I have attended new employee orientation and complete all training required.
5. Although management makes every effort to accommodate individual preference, business needs may at times make the following conditions mandatory; overtime, shift work; and/or rotating work schedule other than Monday through Friday. I understand and accept these conditions of my continuing employment.
6. This is an application for employment and that no employment contract is being offered.
7. If I am employed, such employment is an indefinite period of time and that the company can change wages, benefits, and conditions at any time.

**CERTIFICATION OF APPLICATION**

I hereby certify that all statements made in this application and any attachments to it are true. I understand that any misstatement, misrepresentation or omission of fact may be cause for my application not to be considered; or if I have been employed, may be cause for my immediate dismissal. I authorize the Human Resources Department of InReach or a designee to verify information contained in this application and attachments. I further authorize anyone having such information to release it. I further understand that any offer of employment is conditional upon passing a physical examination, drug test and criminal and driving record check.

I have understood and agreed to abide by the above statements.

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Date

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Applicant's signature